

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of KIMBERELY SIEG and U.S. POSTAL SERVICE,
POST OFFICE, Peoria, IL

*Docket No. 99-2368; Submitted on the Record;
Issued September 25, 2000*

DECISION and ORDER

Before MICHAEL J. WALSH, MICHAEL E. GROOM,
VALERIE D. EVANS-HARRELL

The issue is whether appellant has established that she is entitled to a schedule award for her accepted bilateral carpal tunnel syndrome, bilateral ulnar cubital syndrome and right epicondylitis conditions.

The Office of Workers' Compensation Programs accepted that appellant, a 37-year-old window and vending relief clerk, developed bilateral carpal tunnel syndrome, bilateral ulnar cubital syndrome and right epicondylitis in the performance of duty. Appellant worked intermittently while being treated for her conditions and filed claims for compensation benefits for intermittent periods of disability.

Dr. Gregory Adamson, a Board-certified orthopedic surgeon, began treating appellant for her carpal tunnel symptoms and elbow pain in 1996. Appellant reported that her repetitive duties at the employing establishment since 1980 caused pain in both of her hands and elbows and that she tried to live and work with the pain until it became unbearable. Appellant associated her pain and numbness with her work duties, such as keying, grasping, loading trays of mail and sweeping. She further reported that she would awaken three nights a week with numbness in her hands and that her symptoms caused her to frequently drop things. Appellant underwent right carpal tunnel release in 1996, and left carpal tunnel release, right lateral epicondyle debridement and radial capitellar arthrotomy surgery on January 16, 1998. In a duty status report dated February 17, 1998, Dr. Adamson determined that appellant was totally disabled from work.

The Office subsequently referred appellant, together along with a statement of accepted facts and her case record to Dr. Robert Prentice, a Board-certified orthopedic surgeon, for an orthopedic evaluation to determine the extent of any permanent impairment. Dr. Prentice examined appellant on December 2, 1998 and reviewed the statement of accepted facts and medical records. He reported that appellant had no complaints of numbness in her hands, except when bending her elbows or resting them on something and that most of appellant's complaints were domestic in nature. Dr. Prentice noted, however, that appellant took no medication and felt very happy with her situation since surgery. His examination of appellant's upper extremities was unremarkable except for scarring about the elbow and both wrists. He reported that

appellant's muscle strength seemed adequate and her grip strength was consistent and within normal limits. Dr. Prentice further reported that gross muscle testing of appellant's upper extremities was essentially unremarkable with no significant abnormalities noted and that her deep tendon reflexes were intact. He concluded upon examination that there was no impairment present on the basis of the American Medical Association, *Guides to the Evaluation of Permanent Impairment*, fourth edition (A.M.A., *Guides*)¹ or any objective disability regarding her problems present at that time.

Upon receipt of Dr. Prentice's evaluation report, the Office referred appellant's claim to the district medical adviser for review. On April 4, 1999 an Office medical adviser reviewed appellant's file and related her medical and work history. The Office medical adviser also reviewed Dr. Prentice's December 2, 1998 report, and determined that appellant's examination of the upper extremities was unremarkable and that the lateral epicondylitis had completely resolved. He noted that Dr. Prentice described the limited circumstances by which appellant experienced numbness in her hands and described no major recent problems with the cubital tunnel syndrome. The Office medical adviser also noted that appellant was pleased with the result of her surgery and that she took no medication for her condition at that time. He concluded that a review of appellant's records indicated no objective basis for any permanent impairment of the upper extremities at that time. Consequently, he determined a zero percent impairment of the right upper extremity and a zero percent impairment of the left upper extremity, with a date of maximum medical improvement of April 16, 1998.

By decision dated April 6, 1999, the Office found that appellant was not entitled to a schedule award. The Office determined that, after applying the A.M.A., *Guides* to the medical evidence, appellant's bilateral carpal tunnel syndrome, bilateral ulnar cubital syndrome and right epicondylitis were not found severe enough to be considered ratable, entitling her to a schedule award.

The Board finds that appellant has not established that she is entitled to a schedule award for her accepted bilateral carpal tunnel syndrome, bilateral ulnar cubital syndrome and right epicondylitis conditions.

The schedule award provisions of the Federal Employees' Compensation Act set forth the number of weeks of compensation to be paid for permanent loss, or loss of use of the members of the body listed in the schedule.² However, the Act does not specify the manner in which the percentage of loss of a member shall be determined. The Board has held, however, that for consistent results and to ensure equal justice under the law to all claimants, good administrative practice necessitates the use of a single set of tables so that there may be uniform standards applicable to all claimants. The Office has adopted the A.M.A., *Guides* for determining the extent of permanent impairments and the Board has concurred with the adoption of the A.M.A.,

¹ American Medical Association, *Guides to the Evaluation of Permanent Impairment* (4th ed. 1993).

² 5 U.S.C. § 8107.

Guides.³ Before the A.M.A., *Guides* may be utilized; however, a description of appellant's impairment must be obtained from appellant's physician. This description must be in sufficient detail so that the claims examiner and others reviewing the file will be able to clearly visualize the impairment with its resulting restrictions and limitations.⁴

In this case, the Office accepted that appellant developed bilateral carpal tunnel syndrome, bilateral ulnar cubital syndrome and right epicondylitis while performing work duties. Appellant underwent surgery for her condition in 1996, and again on January 16, 1998 and was determined to be totally disabled from work on February 16, 1998. Appellant was later referred to Dr. Prentice who reviewed her records and conducted an examination of her upper extremities, which he found unremarkable except for scarring about the elbow and on both wrists. He also found that appellant's muscle strength seemed adequate and her grip strength was consistent and within normal limits. He further found that gross muscle testing of appellant's upper extremities was essentially unremarkable with no significant abnormalities and that her deep tendon reflexes were intact. After a thorough examination, Dr. Prentice opined, based upon the A.M.A., *Guides* that appellant had a zero percent permanent impairment to her right upper extremity and a zero percent impairment to her left upper extremity. The Office medical adviser concurred with Dr. Prentice after reviewing his findings and appellant's records that appellant had a zero percent permanent impairment of her upper extremities in accordance with the A.M.A., *Guides*. As such, appellant is not entitled to a schedule award for her accepted bilateral carpal tunnel syndrome, bilateral ulnar cubital syndrome and right epicondylitis conditions.

The decision of the Office of Workers' Compensation Programs dated April 6, 1999 is affirmed.

Dated, Washington, DC
September 25, 2000

Michael J. Walsh
Chairman

Michael E. Groom
Alternate Member

Valerie D. Evans-Harrell
Alternate Member

³ *Donald Mueller*, 32 ECAB 323 (1980); *Anne E. Hughes*, 27 ECAB 106 (1975); *Theodore P. Richardson*, 25 ECAB 113 (1973); *August M. Buffa*, 12 ECAB 324 (1961).

⁴ *Alvin C. Lewis*, 36 ECAB 595 (1985).